## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/20/2</u> 01 <u>0</u>	Address:	821 W Main Street,
Case #:	96F-06365		Madison, JN 47250
County:	<u>Jefferson</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s): Kitchen			
Red Phosphorous/Iodinc Reaction(s):			
Flammable Solvents: <u>Kitchen / Bathroom</u>			
Water Reactive Metal (Lithium): <u>Kitchen</u>			
Anhydrous Ammonia: <u>Kitchen</u>			
☐ Hydrochloric Acid Gas Generator(s): <u>Bathroom</u>			
Corrosive Acid: Bathroom			
Corrosive Base:			
Other (item and location): Animonium Nitrate			
☐ Yes _ ☑ No	er age 18 discovered (check onc) (number present) eport to Child Protective Services	☐ Ephedrir ☐ Retail/M	re Information ne/Pseudoophedrine Tracking Log terchant Tip nw Enforcement
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: Madison Fire	Fax: <u>812-265-8350</u> Fax: <u>812-273-1955</u>	
Health Department: <u>Jefferson County</u>		Fax: <u>N/A</u>	<u> 275-1900</u>
Child Protection Service: N/A			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Franklin Phone 812-689-5000			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.